

2

CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
Basic Filing Fee				\$770.00
Total Claims				
30	20	10	x \$18.00 =	\$180.00
Independent Claims				
1	3	0	x \$86.00 =	\$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$290.00
TOTAL FILING FEE				\$1240.00

Please charge deposit account 50-1178 in the amount of \$1,240.00 for the filing fee, apply any charges not covered, or any credits.

If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (651) 735-1100.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please send all correspondence to Practitioners at Customer Number 28863.



28863

PATENT TRADEMARK OFFICE

Date:

2-20-04

By:

Name: Steven J. Shumaker

Reg. No.: 36,275

SHUMAKER & SIEFFERT, P.A.
8425 Seasons Parkway, Suite 105
St. Paul, Minnesota 55125
Telephone: 651.735.1100
Facsimile: 651.735.1102